

**South Carolina Department of Labor, Licensing and Regulation
Board of Landscape Architectural Examiners**

To: _____

EMPLOYMENT VERIFICATION FOR: _____

An application as a professional Landscape Architect had been filed with this department by the above referenced applicant. Please verify the applicant's employment dates and provide any information that may be of value to the Department in evaluating the applicant's qualifications.

This information is for the confidential use of the Department. The source and character of this information will not be divulged, except in special cases when required by law. The applicant and the Department will appreciate your cooperation and prompt reply to this request.

Falsification of information could adversely affect the status of your license to practice Landscape Architecture in South Carolina.

Applicant's Professional Experience

Was the applicant ever in your employ? Yes/No *If no, please explain extent of Landscape Architect supervision on reverse side*

Position Title _____

Applicant Worked Full Time (40 hrs/week) From _____ To _____
Month/Year Month/Year

Applicant Worked Part Time _____ Hrs/Wk For _____ Weeks

Duties: _____

What is your opinion of the applicant's competency? Excellent Satisfactory Unsatisfactory

a)	Technical Knowledge	_____	_____	_____
b)	Professional Experience	_____	_____	_____
c)	Reputation in the Profession	_____	_____	_____

In your opinion, is the applicant fully qualified to practice Landscape Architecture? Yes _____ No _____

You may use the reverse side for additional comments.

Signed: _____

Date: _____

Title: _____

Business: _____

Affix Seal Here

Address: _____

Are you a legally registered Landscape Architect? Yes/No
Are you a legally registered Architect or Engineer? Yes/No

State _____
State _____

Reg. # _____
Reg # _____

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SC Department of Labor, Licensing and Regulation
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